



Busy Bee Pediatrics recommends regular well visits (also known as preventive exams or yearly physicals) as per the recommended guidelines of the American Academy of Pediatrics (AAP).

*This disclaimer is to provide you with information to help clarify the difference between what is considered a covered service within a well visit vs. a problem-oriented visit.*

**Screenings:** We perform recommended screenings during well child visits according to age appropriate guidelines of the AAP. Screening for medical conditions helps to identify conditions that may lead to current or future health problems.

*It is best for you to understand what screening services are covered by your health insurance. We deal with many different health insurances on a daily basis and will not know in advance what screenings will or will not be covered. It is your responsibility to know what services are covered by your policy.*

**Insurance coverage for Well Visits vs. Problem Oriented Visits:**

Well visits may identify (or re-evaluate) problem-oriented issues that require further discussion, evaluation or management. It is our preference (whenever possible and when time permits) to address these problem-oriented issues during the same office well visit. An additional convenience is that it helps families from having to return for another appointment.

In compliance with insurance billing policies, we are required to process an additional bill for this additional category of care.

*While preventive services may not require a copay/deductible, problem-oriented services do prompt an additional fee (copay/co-insurance/deductible).*

**Acknowledgement of Wellness Services Billing Procedures:**

I acknowledge that during my child's well visit there may be a problem-oriented service performed in addition to wellness services. I understand that two separate charges may be submitted to my insurance company as required by my insurance carrier's policy. I understand that when applicable, a copay/co-insurance/deductible may be required for charges generated pertaining to problem-oriented services. Alternatively, I understand that I may choose to return for a separate visit on another day to address problem-oriented issues (at which time, my copay/co-insurance/deductible would still apply).

Patient name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_